| Fill | in this information to identify your case: | | | | |
|--------|--|---|---|----------|---------------------------------|
| | | | | | |
| Dec | tor 1 Peter Michael Russo First Name | Middle Name Last Nar | me | | |
| Deb | tor 2 Alicia Diane Russo | | | | |
| (Spo | se if, filing) First Name | Middle Name Last Nam | me | | |
| Unit | ed States Bankruptcy Court for the: DIS | TRICT OF OREGON | | | |
| Cas | e number 16-32516-rld13 | | | | |
| (if kn | | | | ☐ C | heck if this is an |
| | | | | ar | nended filing |
| | | | | | |
| Of | ficial Form 106Sum | | | | |
| Su | mmary of Your Assets and | Liabilities and Certain | Statistical Information | | 12/15 |
| info | s complete and accurate as possible. If mation. Fill out all of your schedules firs original forms, you must fill out a new \$ 1: Summarize Your Assets | t; then complete the information | on this form. If you are filing amend | | |
| | | | | Va | |
| | | | | | ur assets ue of what you own |
| 1. | Schedule A/B: Property (Official Form 10 | 64/B) | | | |
| ١. | 1a. Copy line 55, Total real estate, from S | | | \$ | 276,501.00 |
| | 1b. Copy line 62, Total personal property, | from Schedule A/B | | \$ | 19,199.17 |
| | 1c. Copy line 63, Total of all property on S | chedule A/B | | \$ | 295,700.17 |
| Par | 2: Summarize Your Liabilities | | | | |
| | | | | Va | liabilitiaa |
| | | | | | ur liabilities ount you owe |
| 2. | Schedule D: Creditors Who Have Claims | | | \$ | 315,006.88 |
| | 2a. Copy the total you listed in Column A, | Amount of claim, at the bottom of th | le last page of Part 1 of Schedule D | Ψ. | 010,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsec 3a. Copy the total claims from Part 1 (price | | of Schedule E/F | \$ | 31,660.00 |
| | 3b. Copy the total claims from Part 2 (nor | priority unsecured claims) from line | 6j of Schedule E/F | \$ | 24,035.99 |
| | | , | • | | _ 1,000.00 |
| | | | Your total liabilities | \$ | 370,702.87 |
| | | | | | · |
| Par | 3: Summarize Your Income and Expe | nses | | | |
| 4. | Schedule I: Your Income (Official Form 10 | 61) | | | |
| •• | Copy your combined monthly income from | | | \$ | 5,433.00 |
| 5. | Schedule J: Your Expenses (Official Form Copy your monthly expenses from line 22 | | | \$ | 5,033.00 |
| Par | | | | • | |
| _ | | | | | |
| 6. | Are you filing for bankruptcy under Channel No. You have nothing to report on the | | nd submit this form to the court with yo | ur otha | r schedules |
| | — No. 104 have nothing to report off th | o part of the form. Officer this box at | ia sasinit tins form to the court with you | ai Ollie | i Johnaules. |
| _ | Yes | | | | |
| 7. | What kind of debt do you have? | | | | |
| | Your debts are primarily consume household purpose." 11 U.S.C. § 10 | | "incurred by an individual primarily for purposes. 28 U.S.C. § 159. | a perso | onal, family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,916.67

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 31,660.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 31,660.00 |

| Debt | or 1 | Peter Michael Russ | .0 | | | | |
|-------|--|---|-----------------------|--|--|--|--|
| DOD | 01 1 | First Name | Middle Name | Last Name | | | |
| Debt | | Alicia Diane Russo | | | | | |
| (Spou | se, if filing) | First Name | Middle Name | Last Name | | | |
| Unite | ed States B | ankruptcy Court for the: D | ISTRICT OF ORI | EGON | | | |
| Case | number | 16-32516-rld13 | | | | | Check if this is ar amended filing |
| ∩ff | icial Fo | orm 106A/B | | | | | |
| _ | | le A/B: Prope | rty | | | | 12/15 |
| Part | | e Each Residence, Building, L | | Estate You Own or Have an Interest In | | | |
| _ | No. Go to Pa Yes. Where | | · | | | | |
| | roo. Whore | is the property? | | | | | |
| 1.1 | | | What | t is the property? Check all that apply | | | |
| _ | 1027 SW | Arrowhead PI. s, if available, or other description | What | t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any | secured cla | or exemptions. Put aims on <i>Schedule D:</i> Secured by Property. |
| _ | 1027 SW | Arrowhead PI. s, if available, or other description | ■ | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of any | secured cla ave Claims S the C | aims on <i>Schedule D:</i> |
| _ | 1027 SW Street address | Arrowhead PI. s, if available, or other description OR 97115 | 5-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | the amount of any Creditors Who Ha | v secured cla ave Claims S the C | aims on Schedule D: Secured by Property. urrent value of the ortion you own? |
| _ | 1027 SW Street address | Arrowhead PI. s, if available, or other description OR 97115 | □ □ □ 5-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | Current value of entire property? \$276,50 | the Cpure of your | aims on Schedule D: Secured by Property. urrent value of the ortion you own? \$276,501.00 ownership interest |
| _ | 1027 SW Street address | Arrowhead PI. s, if available, or other description OR 97115 | 5-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current value of entire property? \$276,50 | the Cp. 1.00 ure of your ple, tenance | aims on Schedule D: Secured by Property. urrent value of the ortion you own? \$276,501.00 ownership interest |
| _ | 1027 SW Street address | Arrowhead PI. s, if available, or other description OR 97115 | 5-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only | Current value of entire property? \$276,50 | the Cp. 1.00 ure of your ple, tenance | aims on Schedule D: Secured by Property. urrent value of the ortion you own? \$276,501.00 ownership interest |
| _ | 1027 SW Street address Dundee City | Arrowhead PI. s, if available, or other description OR 97115 | 5-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only | Current value of entire property? \$276,50 Describe the natt (such as fee simple a life estate), if kn | the Cp 1.00 ure of your ple, tenancy nown. | urrent value of the ortion you own? \$276,501.00 ownership interest y by the entireties, or |
| 1.1 | 1027 SW Street address Dundee City Yamhill | Arrowhead PI. s, if available, or other description OR 97115 | 5-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current value of entire property? \$276,50 Describe the nate (such as fee simple a life estate), if kn | the Cp 1.00 ure of your ple, tenancy nown. | aims on Schedule D: Secured by Property. urrent value of the ortion you own? \$276,501.00 ownership interest |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debto Debto | | eter Michael F licia Diane Ru | | | Case number (if known) | 16-32516-rld13 |
|----------------|------------------------|--|--|---|--|---|
| 3. Ca | rs, vans, | trucks, tractors | s, sport utility ve | hicles, motorcycles | | |
| | No | | | | | |
| • | Yes | | | | | |
| 3.1 | Make: | Mercury | | Who has an interest in the property? Check one | Do not deduct secu | ured claims or exemptions. Put |
| 0.1 | Model: | Mountainee | r | Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2002 | | Debtor 2 only | | |
| | Approxin | nate mileage: | 122,000 | ■ Debtor 1 and Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? |
| | | ormation: | <u> </u> | ☐ At least one of the debtors and another | onimo proporty : | polition you out |
| | | | | ☐ Check if this is community property (see instructions) | \$2,109 | .00 \$2,109.00 |
| 3.2 | Make: | Ford | | Who has an interest in the property? Check one | | ured claims or exemptions. Put |
| 5.2 | Model: | Freestyle | | Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2005 | | Debtor 2 only | | |
| | | nate mileage: | 126,000 | ■ Debtor 1 and Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? |
| | | ormation: | | ☐ At least one of the debtors and another | ontino proporty : | portion you own. |
| | | | | ☐ Check if this is community property (see instructions) | \$1,821 | .00 \$1,821.00 |
| 3.3 | Make: | 2006 | | Who has an interest in the property? Check one | Do not deduct secu | ured claims or exemptions. Put |
| 5.5 | Model: | Ford | | Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | F-150 | | Debtor 2 only | Creditors Willo Flat | |
| | | nate mileage: | 96,000 | ■ Debtor 1 and Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? |
| | | ormation: | | ☐ At least one of the debtors and another | entire property: | portion you own: |
| | | | | Check if this is community property (see instructions) | \$10,400 | .00 \$10,400.00 |
| Exa ■ I | amples: B No Yes | oats, trailers, mo | itors, personal wa | nd other recreational vehicles, other vehicles, attercraft, fishing vessels, snowmobiles, motorcyc | le accessories | 244,000,00 |
| .ра | ges you | have attached f | for Part 2. Write t | that number here | | \$14,330.00 |
| | | | and Household Ite Il or equitable inf | ems terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | <i>amples:</i> l No | goods and furn Major appliances scribe | | , china, kitchenware | | |
| | | Гн | lousehold Goo | ds, Furniture & Supplies | | \$3,000.00 |
| | | <u> </u> | | , . arritare a cuppiloc | | |

Official Form 106A/B Schedule A/B: Property

| | ebtor 1 ebtor 2 | Peter Michae Alicia Diane | | Case number (if known) | 16-32516-rld13 |
|----|-------------------------------------|---|--|--------------------------------|--------------------------------|
| | | es: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, phones, cameras, media players, games | , printers, scanners; music co | ollections; electronic devices |
| | Yes. [| Describe | | | |
| | | | TV, Electronics & Cell Phones | | \$1,000.00 |
| 8. | Example: | | figurines; paintings, prints, or other artwork; books, pictures, or otons, memorabilia, collectibles | ther art objects; stamp, coin, | or baseball card collections; |
| 9. | Example: | ent for sports ares: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool table | es, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| 10 | . Firearm Example ■ No | ıs | s, shotguns, ammunition, and related equipment | | |
| 11 | □ No | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| | | | Clothing & Shoes | | \$200.00 |
| 12 | □ No | | welry, costume jewelry, engagement rings, wedding rings, heirlooi | m jewelry, watches, gems, g | old, silver |
| | | | Jewelry | | \$150.00 |
| 13 | Exampl ☐ No | m animals les: Dogs, cats, l | birds, horses | | |
| | | | (3) Domestic Dogs (No Cash Value) | | \$0.00 |
| 14 | ■ No | - | d household items you did not already list, including any hea | alth aids you did not list | |
| | ☐ Yes. (| Give specific info | ormation | | |
| 1 | | | of all of your entries from Part 3, including any entries for pagnumber here | ges you have attached | \$4,350.00 |
| Pá | art 4: Desc | cribe Your Finan | rial Assets | | |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

| Debtor 1 Debtor 2 | Peter Michael Russ Alicia Diane Russo | 0 | | Case number (if known) | 16-32516-rld13 |
|------------------------|--|--|--|--|-------------------------------|
| | | | | | claims or exemptions. |
| ☐ No | nples: Money you have in y | | n a safe deposit box, and on han | | |
| | | | | Cash on Hand | \$500.00 |
| Exam | | | certificates of deposit; shares in the same institution, list each. Institution name: | credit unions, brokerage h | ouses, and other similar |
| | 17.1. | Checking Account | Wells Fargo (5862) | | \$19.17 |
| | s, mutual funds, or public aples: Bond funds, investm | | ge firms, money market accounts | | |
| | | Institution or issuer name | : | | |
| joint v ■ No | oublicly traded stock and venture . Give specific information | | d and unincorporated business | ses, including an interes | t in an LLC, partnership, and |
| | | me of entity: | | % of ownership: | |
| Nego: Non-r ■ No | <i>tiable instrument</i> s include _l | personal checks, cashiers those you cannot transfer | e and non-negotiable instrume checks, promissory notes, and r to someone by signing or deliver | noney orders. | |
| — 100. | | uer name: | | | |
| Exam ■ No | ement or pension accounnples: Interests in IRA, ERI | SA, Keogh, 401(k), 403(b) | , thrift savings accounts, or other | pension or profit-sharing | blans |
| | Туре | of account: | Institution name: | | |
| Your | rity deposits and prepayn share of all unused deposi aples: Agreements with land | ts you have made so that | you may continue service or use cutilities (electric, gas, water), tel | from a company ecommunications compan | ies, or others |
| _ | | | Institution name or individual: | | |
| 23. Annui | ities (A contract for a perio | dic payment of money to y | ou, either for life or for a number | of years) | |
| ■ No □ Yes. | lssuer nam | ne and description. | | | |
| 24. Interes | | | ed ABLE program, or under a c | qualified state tuition pro | gram. |
| | Institution | name and description. Sep | parately file the records of any int | erests.11 U.S.C. § 521(c): | |
| _ | s, equitable or future inte | rests in property (other | than anything listed in line 1), a | and rights or powers exe | rcisable for your benefit |
| ■ No □ Yes. | . Give specific information | about them | | | |

| | ebtor 2 | Alicia Diane Russo | | C | ase number (if known) | 16-32516-rld13 |
|-----|------------------|---|---|----------------------|---------------------------|--|
| 26. | _Exampl | | secrets, and other intellectual printers, proceeds from royalties and lice | | es | |
| | ■ No □ Yes. • | Give specific information about th | em | | | |
| 27. | Exampl | es, franchises, and other generales: Building permits, exclusive lic | Il intangibles enses, cooperative association hold | lings, liquor licens | es, professional license | es |
| | ■ No □ Yes. | Give specific information about th | em | | | |
| M | oney or p | property owed to you? | | | | Current value of the |
| | | | | | | portion you own?Do not deduct secured claims or exemptions. |
| 28. | Tax refu □ No | unds owed to you | | | | |
| | Yes. C | Give specific information about the | em, including whether you already fi | led the returns and | d the tax years | |
| | | | Possible Future Earned Inco | me Credit | Federal & State | Unknow |
| 29. | ■ No | | /, spousal support, child support, m | aintenance, divord | e settlement, property | settlement |
| 30. | Exampl | mounts someone owes you les: Unpaid wages, disability insur benefits; unpaid loans you ma | ance payments, disability benefits, ade to someone else | sick pay, vacation | pay, workers' comper | sation, Social Security |
| | ■ No □ Yes. | Give specific information | | | | |
| 31. | | s in insurance policies les: Health, disability, or life insura | nce; health savings account (HSA) | ; credit, homeown | er's, or renter's insuran | ce |
| | | Name the insurance company of e Company na | | Beneficiar | y: | Surrender or refund value: |
| 32. | If you a | erest in property that is due you re the beneficiary of a living trust, ne has died. | from someone who has died expect proceeds from a life insuran | ce policy, or are c | urrently entitled to rece | ive property because |
| | ☐ Yes. (| Give specific information | | | | |
| 33. | | | r not you have filed a lawsuit or r tes, insurance claims, or rights to su | | or payment | |
| | | Describe each claim | | | | |
| 34. | Other co | ontingent and unliquidated clai | ms of every nature, including cou | interclaims of the | e debtor and rights to | set off claims |
| | ☐ Yes. I | Describe each claim | | | | |
| 35. | Any fina | ancial assets you did not alread | y list | | | |
| | | Give specific information | | | | |

| | otor 1 otor 2 | Peter Michael Russo Alicia Diane Russo | | Case number (if known) | 16-32516-rld13 |
|--------------|----------------------|--|----------------------------|---------------------------|-------------------------|
| 36. | | ne dollar value of all of your entries from Part 4, including rt 4. Write that number here | | | \$519.17 |
| Part | 5: Des | scribe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ite in Part 1. | |
| 37. [| Oo you o | wn or have any legal or equitable interest in any business-relate | d property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | o to line 38. | | | |
| Part | | scribe Any Farm- and Commercial Fishing-Related Property You out on have an interest in farmland, list it in Part 1. | Own or Have an Interes | et In. | |
| 46. | _ • | own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| • | <i>Examp</i> ■ No | have other property of any kind you did not already list? les: Season tickets, country club membership Give specific information | | | |
| 54. | | he dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| | | : Total real estate, line 2 | | | \$276,501.00 |
| | | : Total vehicles, line 5 | \$14,330.00 | | Ψ270,301.00 |
| | | : Total personal and household items, line 15 | \$4,350.00 | | |
| | | : Total financial assets, line 36 | \$519.17 | | |
| 59. | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$19,199.17 | Copy personal property to | otal \$19,199.17 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$295,700.17 |

| Fill in this inform | mation to identify your | case: | | |
|---------------------|-------------------------|--------------------|-----------|-----------------------|
| Debtor 1 | Peter Michael Ru | SSO | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Alicia Diane Russ | 80 | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF OREGON | | |
| | 16-32516-rld13 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| | Tou are claiming state and rederal nonbankruptcy exemptions. True.s.c. § 522(b)(3) | | | | | | | | | |
|----|--|--|-----|---|-----------------------|--|--|--|--|--|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | | |
| | 1027 SW Arrowhead Pl. Dundee, OR 97115 Yamhill County | \$276,501.00 | | \$30,000.00 | 11 U.S.C. § 522(d)(1) | | | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 2002 Mercury Mountaineer 122,000 miles | \$2,109.00 | | \$2,109.00 | 11 U.S.C. § 522(d)(5) | | | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 2005 Ford Freestyle 126,000 miles Line from Schedule A/B: 3.2 | \$1,821.00 | | \$1,821.00 | 11 U.S.C. § 522(d)(5) | | | | | |
| | Line IIIIII Schedule AVD. 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | F-150 2006 Ford 96,000 miles Line from Schedule A/B: 3.3 | \$10,400.00 | | \$7,550.00 | 11 U.S.C. § 522(d)(2) | | | | | |
| | Ellie Holli Genedale AVD. G.G | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | F-150 2006 Ford 96,000 miles | \$10,400.00 | | \$2,850.00 | 11 U.S.C. § 522(d)(5) | | | | | |
| | Line from Generalie AVD. 4.4 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | | | | | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| Debtor 2 | | | | Case number (if known) | 16-32516-rld13 |
|----------|--|-------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Current value of the Amount of the exemption y Schedule A/B that lists this property portion you own | | | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | | |
| | ousehold Goods, Furniture & applies | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(3) |
| | e from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ', Electronics & Cell Phones e from Schedule A/B: 7.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| LIII | e nom ochedate A.D. TT | | | 100% of fair market value, up to any applicable statutory limit | |
| | othing & Shoes e from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) |
| LIII | e IIOIII <i>Schedule AVD</i> . TT.T | | | 100% of fair market value, up to any applicable statutory limit | |
| | welry e from Schedule A/B: 12.1 | \$150.00 | | \$150.00 | 11 U.S.C. § 522(d)(4) |
| L | e nom ochedate A.D. 1211 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ish on Hand e from Schedule A/B: 16.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(5) |
| LIII | e nom ochedate A.D. 1911 | | | 100% of fair market value, up to any applicable statutory limit | |
| | necking Account: Wells Fargo 362) | \$19.17 | | \$19.17 | 11 U.S.C. § 522(d)(5) |
| • | e from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover | 3 years after that for ca | ises fi | · | |

☐ Yes

| | in this information to identif | y your ca | ase: | | | | |
|----------|---|-------------|---|-------------|--------------------------|------------------------|---------------|
| Deb | | ael Russ | 80 | | | | |
| | First Name | | | st Name | | | |
| | tor 2 Alicia Dian | e Russo | | at Nama | | | |
| (Spou | ise ii, iiiing) First Name | | Middle Name Las | st Name | | | |
| Unite | ed States Bankruptcy Court fo | or the: | DISTRICT OF OREGON | | | | |
| Coo | a number 40 00540 -1-146 | | | | | | |
| (if kno | e number <u>16-32516-rld13</u> | 3 | | | | ☐ Check | if this is an |
| (| , | | | | | | led filing |
| | | | | | | | iod iiii ig |
| Offi | cial Form 106D | | | | | | |
| Scl | hedule D: Credit | ors M | /ho Have Claims Se | cure | d by Property | , | 12/15 |
| <u> </u> | iledale D. Credit | .OI 3 V | no nave ciamis se | Cui C | a by 1 toperty | | 12/13 |
| | | | o married people are filing together, be number the entries, and attach it to the | | | | |
| | per (if known). | ,, | | | oop o, | ar pages, mile jear ma | |
| 1. Do | any creditors have claims secu | red by yo | ur property? | | | | |
| [| \square No. Check this box and su | bmit this f | orm to the court with your other scho | edules. | You have nothing else to | report on this form. | |
| ı | Yes. Fill in all of the inform | ation belo | nw | | | | |
| | | | | | | | |
| Part | | | | | . Column A | Column B | Column C |
| | | | than one secured claim, list the creditor articular claim, list the other creditors in P | | Amount of claim | Value of collateral | Unsecured |
| | | | order according to the creditor's name. | art 2. 713 | Do not deduct the | that supports this | portion |
| | Capital One Bank (USA | ` | | | value of collateral. | claim | If any |
| 2.1 | NA | | escribe the property that secures the c | laim: | \$4,471.00 | \$276,501.00 | \$4,471.00 |
| | Creditor's Name | 10 | 027 SW Arrowhead Pl. Dundee | , OR | | | |
| | c/o Richard Fairbank, | 97 | 7115 Yamhill County | | | | |
| | CEO | Δς | of the date you file, the claim is: Check | k all that | | | |
| | 1680 Capital One Drive | | ply. | i ali lilal | | | |
| | Mc Lean, VA 22102 | | Contingent | | | | |
| | Number, Street, City, State & Zip Cod | _ | Unliquidated | | | | |
| Who | owes the debt? Check one. | | Disputed ature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only | _ | • | 1000 or 0 | oourod | | |
| | Pebtor 2 only | | An agreement you made (such as mortg car loan) | gage or s | ecurea | | |
| _ | • | П | Statutory lien (such as tax lien, mechani | ic's lien) | | | |
| | Debtor 1 and Debtor 2 only It least one of the debtors and and | | , , , | 03 11011) | | | |
| _ | | | Judgment lien from a lawsuit | | | | |
| | check if this claim relates to a community debt | | Other (including a right to offset) | | | | |
| | | | | | | | |
| Date | debt was incurred | | Last 4 digits of account number | 0675 | | | |
| | 1 | _ | | | | | |
| 2.2 | Capital One Bank (USA | | escribe the property that secures the c | laim | \$5,062.00 | \$276,501.00 | \$5,062.00 |
| | NA Creditor's Name | | 27 SW Arrowhead Pl. Dundee | | | 42.0,0000 | 40,002.00 |
| | c/o Richard Fairbank, | | 7115 Yamhill County | , OK | | | |
| | CEO | | • | | | | |
| | 1680 Capital One Drive | | s of the date you file, the claim is: Check oly. | k all that | | | |
| | Mc Lean, VA 22102 | | Contingent | | | | |
| | Number, Street, City, State & Zip Cod | de 🗌 | Unliquidated | | | | |
| | | | Disputed | | | | |
| _ | o owes the debt? Check one. | | ature of lien. Check all that apply. | | | | |
| | Pebtor 1 only | | An agreement you made (such as morto car loan) | gage or s | ecured | | |
| _ | ebtor 2 only | _ | , | | | | |
| | Debtor 1 and Debtor 2 only | | Statutory lien (such as tax lien, mechani | c's lien) | | | |
| _ | t least one of the debtors and and | | Judgment lien from a lawsuit | | | | |
| | check if this claim relates to a community debt | | Other (including a right to offset) | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 7

| Debtor 1 Peter Michael Russo | | | Case number (if know) | 16-32516-rld13 | |
|---|---|----------------|-----------------------|----------------|-------------|
| First Name Middle N | ame Last Name | | , | | |
| Debtor 2 Alicia Diane Russo First Name Middle N | | | | | |
| First Name Middle N | ame Last Name | | | | |
| Date debt was incurred | Last 4 digits of account number | 0458 | | | |
| 2.3 CitiMortgage, Inc. | Describe the property that secures the cl | laim: | \$58,052.00 | \$276,501.00 | \$7,242.00 |
| Creditor's Name | 1027 SW Arrowhead Pl. Dundee | | | Ψ. σ,σστισσ | ψ., <u></u> |
| c/o CT Corporation | 97115 Yamhill County | , - | | | |
| System, RA | As of the date you file, the claim is: Check | all that | | | |
| 388 State St., Suite 420 | apply. | can triat | | | |
| Salem, OR 97301 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as mortg | age or s | ecured | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | c's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | ¢0 500 | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | prox. <i>P</i> | Arrears \$2,500 | | |
| Date debt was incurred | Last 4 digits of account number | 3556 | | | |
| 2.4 Ditech Financial, LLC | Describe the property that secures the cl | aim: | \$225,691.00 | \$276,501.00 | \$0.00 |
| Creditor's Name | 1027 SW Arrowhead Pl. Dundee | , OR | | | |
| c/o CT Corporation System, RA | 97115 Yamhill County | | | | |
| 388 State Street, Suite | As of the date you file, the claim is: Check | all that | | | |
| 420 | apply. Contingent | | | | |
| Salem, OR 97301 | | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | ■ An agreement you made (such as mortg | age or s | ecured | | |
| Debtor 2 only | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | c's lien) | | | |
| \square At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) App | prox. \$ | 13,000 arrears | | |
| Date debt was incurred | Last 4 digits of account number | 2866 | | | |
| Falcon Crest Owners | | | | A | |
| Association | Describe the property that secures the cl | | \$347.45 | \$276,501.00 | \$347.45 |
| Creditor's Name | 1027 SW Arrowhead Pl. Dundee 97115 Yamhill County | , OR | | | |
| c/o Jacob Waibel, RA | As of the date you file, the claim is: Check | all that | | | |
| 1057 SW Viewcrest Dr. | apply. | | | | |
| Dundee, OR 97115 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortg | age or s | ecured | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | c's lien) | | | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | , | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | | |
| community debt | Calc. (including a right to offset) | | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 7

| Debtor 1 Peter Michael Russo | | | Case number (if know) | 16-32516-rld13 | |
|--|---|-----------|---------------------------------------|----------------|----------------------------|
| First Name Middle N | ame Last Name | | | | |
| Debtor 2 Alicia Diane Russo | | | | | |
| First Name Middle N | lame Last Name | | | | |
| Date debt was incurred | Last 4 digits of account number | 2590 | | | |
| 2.6 Midland Funding, LLC | Describe the property that secures the cla | aim: | \$826.00 | \$276,501.00 | \$826.00 |
| Creditor's Name | 1027 SW Arrowhead Pl. Dundee, | OR | | <u> </u> | • |
| c/o Corporation Service | 97115 Yamhill County | | | | |
| Company | As of the date you file, the claim is: Check | all that | | | |
| 1127 Broadway Street NE, Suite 310 | apply. | all triat | | | |
| Salem, OR 97301 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortga | age or se | ecured | | |
| Debtor 2 only | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | | |
| community debt | | | | | |
| Date debt was incurred | Last 4 digits of account number | 9067 | | | |
| 2.7 Midland Funding, LLC | Describe the property that secures the cla | aim: | \$1,218.00 | \$276,501.00 | \$1,218.00 |
| Creditor's Name | 1027 SW Arrowhead Pl. Dundee, | | <u> </u> | | V ., L .0.00 |
| c/o Corporation Service | 97115 Yamhill County | | | | |
| Company | As of the date you file, the claim is: Check | -11.414 | | | |
| 1127 Broadway Street | apply. | all that | | | |
| NE, Suite 310 Salem, OR 97301 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| 11a.1.25., 3.135., 3.13, 3.14.3 a 2.p 3345 | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | ☐ An agreement you made (such as mortga | age or se | ecured | | |
| Debtor 2 only | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | | |
| community debt | | | | | |
| Date debt was incurred | Last 4 digits of account number | 0467 | | | |
| 2.8 Midland Funding, LLC | Describe the property that secures the cla | aim: | \$6,525.00 | \$276,501.00 | \$6,525.00 |
| Creditor's Name | 1027 SW Arrowhead Pl. Dundee, | OR | · · · · · · · · · · · · · · · · · · · | <u> </u> | • • |
| c/o Corporation Service Company | 97115 Yamhill County | | | | |
| 1127 Broadway Street | As of the date you file, the claim is: Check | all that | | | |
| NE, Suite 310 | apply. Contingent | | | | |
| Salem, OR 97301 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortga | age or se | ecured | | |
| Debtor 2 only | car loan) | J | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | | |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 7

| First Name Middle Name Last Name Debtor 2 Alicia Diane Russo | |
|---|------------------|
| First Name Middle Name Last Name | |
| ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) | |
| Date debt was incurred Last 4 digits of account number | |
| Occurry Demonstrated of | |
| 2.9 Oregon Department of Justice Describe the property that secures the claim: \$10,619.43 \$276,501 | 1.00 \$10,619.43 |
| Creditor's Name 1027 SW Arrowhead Pl. Dundee, OR | |
| c/o Ellen Rosenblum, 97115 Yamhill County | |
| Attorney General 1162 Court Street NE As of the date you file, the claim is: Check all that | |
| Salem, OR 97301 Contingent | |
| Number, Street, City, State & Zip Code Unliquidated | |
| Disputed | |
| Who owes the debt? Check one. Nature of lien. Check all that apply. | |
| ☐ Debtor 1 only ☐ An agreement you made (such as mortgage or secured car loan) | |
| Desici 2 only | |
| ■ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ At least one of the debtors and another □ Judgment lien from a lawsuit | |
| ☐ Check if this claim relates to a ☐ Other (including a right to offset) ☐ Tax Lien ☐ Tax Lien | |
| community debt | |
| Date debt was incurred Last 4 digits of account number SSN | |
| 2.1 Portfolio Recovery | |
| 0 Associates, LLC Describe the property that secures the claim: \$775.00 \$276,501 | 1.00 \$775.00 |
| Creditor's Name 1027 SW Arrowhead Pl. Dundee, OR | |
| c/o Corporation Service 97115 Yamhill County Company, RA | |
| 1127 Broadway St. NE As of the date you file, the claim is: Check all that | |
| Ste 310 Contingent | |
| Salem, OR 97301 | |
| Number, Street, City, State & Zip Code Unliquidated Disputed | |
| Who owes the debt? Check one. Nature of lien. Check all that apply. | |
| ☐ Debtor 1 only ☐ An agreement you made (such as mortgage or secured | |
| Debtor 2 only car loan) | |
| Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) | |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit | |
| ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) | |
| · | |
| Date debt was incurred Last 4 digits of account number 3914 | |
| 2.1 Portfolio Recovery | |
| Associates, LLC Describe the property that secures the claim: \$807.00 \$276,501 | 1.00 \$807.00 |
| Creditor's Name 1027 SW Arrowhead Pl. Dundee, OR c/o Corporation Service 97115 Yamhill County | |
| c/o Corporation Service 97115 Yamhill County Company, RA | |
| 1127 Broadway St. NE As of the date you file, the claim is: Check all that apply. | |
| Ste 310 Contingent | |
| Salem, OR 97301 Number, Street, City, State & Zip Code Unliquidated | |
| Disputed | |
| Who owes the debt? Check one. Nature of lien. Check all that apply. | |
| ☐ Debtor 1 only ☐ An agreement you made (such as mortgage or secured | |
| ☐ Debtor 2 only car loan) | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debto | Peter Michael Russo First Name Middle Na | Lost Nome | Case | e number (if know) | 16-32516-rld13 | |
|------------------|--|--|----------------|--------------------------|-----------------------------|-----------|
| Debto | or 2 Alicia Diane Russo | ame Last Name | | | | |
| | First Name Middle Na | ame Last Name | | | | |
| ■ Dol | btor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | s lien) | | | |
| _ | least one of the debtors and another | _ | 0 11011) | | | |
| _ | eck if this claim relates to a | Judgment lien from a lawsuitOther (including a right to offset) | | | | |
| | eck if this claim relates to a | Other (including a right to onset) | | | | |
| Date d | lebt was incurred | Last 4 digits of account number | 0494 | | | |
| 0.4 | | | | | | |
| 2.1 | Ray Klein, Inc. | Describe the property that secures the cla | im: | \$613.00 | \$276,501.00 | \$613.00 |
| | Creditor's Name | 1027 SW Arrowhead Pl. Dundee, | OR | | | |
| | c/o Floyd Mattson, RA | 97115 Yamhill County | | | | |
| | 400 International Way, | As of the date you file, the claim is: Check | all that | | | |
| | Suite 250 Springfield, OR 97477 | apply. | | | | |
| _ | Number, Street, City, State & Zip Code | Contingent | | | | |
| ' | Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who d | owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Del | btor 1 only | ☐ An agreement you made (such as mortga | ge or secured | | | |
| | btor 2 only | car loan) | • | | | |
| ■ De | btor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | s lien) | | | |
| ☐ At I | east one of the debtors and another | Judgment lien from a lawsuit | | | | |
| | eck if this claim relates to a mmunity debt | Other (including a right to offset) | | | | |
| Date d | lebt was incurred | Last 4 digits of account number | 9062 | | | |
| | | | | | | |
| Add | the dollar value of your entries in Co | olumn A on this page. Write that number he | re: | \$315,006 | 88 | |
| | s is the last page of your form, add to that number here: | the dollar value totals from all pages. | | \$315,006 | 88 | |
| | | | | | | |
| | | r a Debt That You Already Listed | | | | |
| trying than o | to collect from you for a debt you or | e notified about your bankruptcy for a debt we to someone else, list the creditor in Part you listed in Part 1, list the additional cred is page. | 1, and then li | ist the collection age | ncy here. Similarly, if you | have more |
| | Name, Number, Street, City, State & 2 | 7in Code | On which line | o in Dort 1 did you onto | ur the evertiber 2 2 1 | |
| | ARS National Services, Inc. | | | e in Part 1 did you ente | | |
| | POB 469100 Escondido, CA 92046 | | Last 4 digits | of account number | | |
| П | | | | | | |
| _ | Name, Number, Street, City, State & Z Gordon Aylworth & Tami, P | | On which line | e in Part 1 did you ente | er the creditor? 2.7 | |
| | 4023 W. 1st Ave. | | Last 4 digits | of account number | | |
| | POB 22338 | | | | | |
| | Eugene, OR 97402 | | | | | |
| | | | | | | |
| _ | Name, Number, Street, City, State & Z HSBC Card Services | Zip Code | On which line | e in Part 1 did you ente | er the creditor? 2.7 | |
| | POB 80082 | | Last 4 digits | of account number | | |
| | Salinas, CA 93912 | | aigito | | | |
| | Name Name Of A City Street | 7:- O- d- | | | | |
| _ | Name, Number, Street, City, State & Z NCO Financial | zip Coae | On which line | e in Part 1 did you ente | r the creditor? 2.1 | |
| | 507 Prudential Road | | Last 4 digits | of account number | | |
| | Horsham, PA 19044 | | | | | |
| | | | | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 5 of 7

| Debto | or 1 | Peter Michael Ru | JSS0 | | Case number (if know) | 16-32516-rld13 |
|--------|------|-----------------------------------|---|-----------|--------------------------------------|-----------------------|
| | | First Name | Middle Name | Last Name | | |
| Debto | or 2 | Alicia Diane Rus | | | | |
| | | First Name | Middle Name | Last Name | | |
| _ | | | | | | |
| Ш | Nar | ne, Number, Street, City | / State & Zin Code | | On which line in Deat 4 did was not | |
| | | rtfolio Recovery | | | On which line in Part 1 did you ente | er the creditor? |
| | | 0 Corporate Blvd. | | | Last 4 digits of account number | |
| | No | rfolk, VA 23502 | | | | |
| \Box | | | | | | |
| | Nar | ne, Number, Street, City | , State & Zip Code | | On which line in Part 1 did you ente | er the creditor? 2.1 |
| | | ttell, Hammer & V | Vhite, PS | | - | |
| | | B C-90006 | | | Last 4 digits of account number | |
| | ье | llevue, WA 98009 | | | | |
| | | | | | | |
| _ | | ne, Number, Street, City | /, State & Zip Code I I for the District of | | On which line in Part 1 did you ente | er the creditor? 2.9 |
| | | • | Williams, US Atty | | Last 4 digits of account number | |
| | | 00 SW 3rd Ave., S | | | | |
| | Ро | rtland, OR 97204 | | | | |
| | | | | | | |
| | | me, Number, Street, City | | | On which line in Part 1 did you ente | er the creditor? 2.6 |
| | | mhill County Circ | uit Court | | | <u></u> |
| | | 5 NE 5th St. | 100 | | Last 4 digits of account number | |
| | IVIC | :Minnville, OR 97 | 128 | | | |
| | | | | | | |
| | | me, Number, Street, City | | | On which line in Part 1 did you ente | er the creditor? 2.12 |
| | | mhill County Circ 5 NE 5th St. | uit Court | | Last 4 digits of account number | |
| | | :Minnville, OR 97 | 128 | | | • |
| | | | | | | |
| | Nar | ne, Number, Street, City | , State & Zip Code | | On which line in Part 1 did you ente | or the creditor? 2.7 |
| | Ya | mhill County Circ | | | on whom and are raid you onto | the ordanor |
| | | 5 NE 5th St. | | | Last 4 digits of account number | |
| | Mc | Minnville, OR 97 | 128 | | | |
| | | | | | | |
| _ | | me, Number, Street, City | | | On which line in Part 1 did you ente | er the creditor? 2.1 |
| | | mhill County Circ 5 NE 5th St. | uit Court | | Last 4 digits of account number | |
| | | :Minnville, OR 97 | 128 | | Last 4 digits of account number | • |
| | | | | | | |
| | Nar | ne, Number, Street, City | . State & Zip Code | | On which line in Part 1 did you ente | or the graditor? 22 |
| | | mhill County Circ | | | On which line in Fart 1 did you ente | i the creditor! |
| | | 5 NE 5th St. | | | Last 4 digits of account number | |
| | Мс | :Minnville, OR 97 | 128 | | | |
| | | | | | | |
| | | ne, Number, Street, City | | | On which line in Part 1 did you ente | er the creditor? 2.8 |
| | | mhill County Circ 5 NE 5th St. | suit Court | | Lost 4 digita of assessment assessed | |
| | | :Minnville, OR 97 | 128 | | Last 4 digits of account number | |
| | | -, | | | | |
| | Nar | ne, Number, Street, City | / State & Zin Code | | On which line in Deat 4 did | or the exaditor? 2.10 |
| | | mhill County Circ | | | On which line in Part 1 did you ente | er trie Creditor? |
| | 53 | 5 NE 5th St. | | | Last 4 digits of account number | |
| | Мс | :Minnville, OR 97 | 128 | | | |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Debto | or i Peter Micha | ei Russo | | Case number (if know) | 16-32516-ria13 | |
|-------|-------------------|----------------------------|-----------|--------------------------------------|-----------------------|--|
| | First Name | Middle Name | Last Name | _ | | |
| Debte | or 2 Alicia Diane | Russo | | | | |
| | First Name | Middle Name | Last Name | _ | | |
| | | | | | | |
| Ш | | et, City, State & Zip Code | | On which line in Part 1 did you ento | er the creditor? 2.11 | |
| | Yamhill County | Circuit Court | | | | |
| | 535 NE 5th St. | | | Last 4 digits of account number | _ | |
| | McMinnville, Of | ₹ 97128 | | | | |
| П | | | | | | |
| | | et, City, State & Zip Code | | On which line in Part 1 did you ento | er the creditor? 2.5 | |
| | Yamhill County | Circuit Court | | | | |
| | 535 NE 5th St. | | | Last 4 digits of account number | _ | |
| | McMinnville, Of | R 97128 | | | | |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this information to identify your case: | | | | | |
|---|---|--|---|---|--|
| Debtor 1 Peter Michael Russo | | | | | |
| | ddle Name Last Name |) | | | |
| Debtor 2 Alicia Diane Russo | | | | | |
| (Spouse if, filing) First Name Mid | ddle Name Last Name |) | | | |
| United States Bankruptcy Court for the: DISTRI | ICT OF OREGON | | | | |
| Case number 16-32516-rld13 | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | amend | ed filing |
| Official Form 106E/F Schedule E/F: Creditors Who Ha Be as complete and accurate as possible. Use Part 1 for | | | er oroditors with NON | DDIODITY olaima Li | 12/15 |
| any executory contracts or unexpired leases that could Schedule G: Executory Contracts and Unexpired Lease Schedule D: Creditors Who Have Claims Secured by Pleft. Attach the Continuation Page to this page. If you hame and case number (if known). | d result in a claim. Also list executo es (Official Form 106G). Do not inclu roperty. If more space is needed, co | ry contract de any cre py the Part | s on Schedule A/B: F ditors with partially s you need, fill it out, I | roperty (Official Form ecured claims that a number the entries ir | m 106A/B) and on re listed in n the boxes on the |
| Part 1: List All of Your PRIORITY Unsecured | Claims | | | | |
| Do any creditors have priority unsecured claims a | against you? | | | | |
| ☐ No. Go to Part 2. | | | | | |
| Yes. | | | | | |
| List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both priority possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular claim. | ority and nonpriority amounts, list that one of the creditor's name. If you have m | laim here a | nd show both priority a | nd nonpriority amount | s. As much as |
| (For an explanation of each type of claim, see the ins | | booklet.) | | | |
| (or an organization of cash type or claim, cooking | | 2001110117 | Total claim | Priority amount | Nonpriority amount |
| 2.1 Internal Revenue Service | Last 4 digits of account number | SSN | \$20,431.00 | \$16,282.00 | \$4,149.00 |
| Priority Creditor's Name | When was the debt incurred? | | | | |
| Centralized Insolvency Solutions PO Box 7346 | when was the dept incurred: | | | • | |
| Philadelphia, PA 19101 | | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check a | II that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | |
| ☐ Debtor 1 only | ☐ Unliquidated | | | | |
| ☐ Debtor 2 only | □ Disputed | | | | |
| ■ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | == | | | |
| | | | | | |
| ☐ Check if this claim is for a community debt | Taxes and certain other debts y | OU OWE the | government | | |

■ No □ Yes Other. Specify 2011, 2012 & 2013 Federal Tax Obligation

51454

| Debto | or 1 Peter Michael Russo or 2 Alicia Diane Russo | Case | e number (if know) | 16-32516-rld13 | |
|-------------|---|---|--|--|---|
| 2.2 | ODR - Bkcy | Last 4 digits of account number SSN | \$11,229.00 | \$9,911.00 | \$1,318.00 |
| | Priority Creditor's Name 955 Center NE #353 Salem, OR 97301 | When was the debt incurred? | | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check | k all that apply | | |
| , | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | □ Disputed | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts you owe the | ne government | | |
| | s the claim subject to offset? | ☐ Claims for death or personal injury while | | | |
| | No | ☐ Other. Specify | • | | |
| | ☐ Yes | 2011, 2012, 2013, | 2014 StateTax Ol | oligations | |
| | o any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. | - | s. | | |
| 4. Li ui th | No. You have nothing to report in this part. Submit | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of | Is each claim. If a credi f claim it is. Do not list c | laims already included ir claims fill out the Continu | n Part 1. If more uation Page of |
| 4. Li | No. You have nothing to report in this part. Submit Yes. Ist all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three | is each claim. If a credi f claim it is. Do not list c nonpriority unsecured o | laims already included ir claims fill out the Continu | n Part 1. If more Justion Page of Claim |
| 4. Li ui th | No. You have nothing to report in this part. Submit Yes. Ist all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of | Is each claim. If a credi f claim it is. Do not list c nonpriority unsecured of | laims already included ir claims fill out the Continu | n Part 1. If more uation Page of |
| 4. Li | No. You have nothing to report in this part. Submit Yes. Ist all of your nonpriority unsecured claims in the issecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code Who incurred the debt? Check one. | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Che | Is each claim. If a credi f claim it is. Do not list c nonpriority unsecured of | laims already included ir claims fill out the Continu | n Part 1. If more Justion Page of Claim |
| 4. Li | No. You have nothing to report in this part. Submit Yes. Ist all of your nonpriority unsecured claims in the esecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code Who incurred the debt? Check one. | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number 144 When was the debt incurred? As of the date you file, the claim is: Che | Is each claim. If a credi f claim it is. Do not list c nonpriority unsecured of | laims already included ir claims fill out the Continu | n Part 1. If more Justion Page of Claim |
| 4. Li | No. You have nothing to report in this part. Submit Yes. Ist all of your nonpriority unsecured claims in the asecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Che Contingent Unliquidated | Is each claim. If a credi f claim it is. Do not list c nonpriority unsecured of | laims already included ir claims fill out the Continu | n Part 1. If more Justion Page of Claim |
| 4. Li | No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the issecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Che Contingent Unliquidated Disputed | Is each claim. If a credification it is. Do not list connected to the nonpriority unsecured to the nonp | laims already included ir claims fill out the Continu | n Part 1. If more Justion Page of Claim |
| 4. Li | No. You have nothing to report in this part. Submit Yes. Ist all of your nonpriority unsecured claims in the asecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Che Contingent Unliquidated | Is each claim. If a credification it is. Do not list connected to the nonpriority unsecured to the nonp | laims already included in claims fill out the Continu | n Part 1. If more Justion Page of Claim |
| 4. Li | No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the issecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number | Is each claim. If a credit claim it is. Do not list connected to the nonpriority unsecured to the nonpr | laims already included in claims fill out the Continu Total | n Part 1. If more Justion Page of Claim |
| 4. Li | No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Best Buy Credit Services Nonpriority Creditor's Name POB 688910 Des Moines, IA 50368 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | this form to the court with your other schedules alphabetical order of the creditor who hold laim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number | Is each claim. If a credit f claim it is. Do not list connected to a nonpriority unsecured to the nonpriority unsecured to the nonpriority unsecured to the nonpriority unsecured to the nonpriority unsecured to nonpriority | laims already included in claims fill out the Continu Total | n Part 1. If more Justion Page of Claim |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| otor 2 Alicia Diane Russo | Case number (if know) 16-325 | 16-rld13 |
|--|---|------------------------|
| Bizeau Dental | Last 4 digits of account number 756 | \$1,917.2 ⁻ |
| Nonpriority Creditor's Name 710-A Foothills Drive Newberg, OR 97132 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Medical Debt | |
| Eric P. Bergquam, DMD PC | Last 4 digits of account number 2945 | \$416.0 |
| Nonpriority Creditor's Name 906 Deborah Rd. Newberg, OR 97132 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Medical Debt | |

4.4 Financial Recovery Services, Inc. Last 4 digits of account number 9794 Nonpriority Creditor's Name When was the debt incurred? POB 385908 Minneapolis, MN 55438-5908 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Account ☐ Yes

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

\$771.69

| ebto | r 2 Alicia Diane Russo | | Case number (if know) | 16-32516-rld13 | |
|------|---|--|--------------------------------|------------------|----------|
| 5 | First Premier Bank | Last 4 digits of account number | 0275 | | \$542.54 |
| | Nonpriority Creditor's Name 601 S. Minnesota Ave. Sioux Falls, SD 57104 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| | Yes | ■ Other. Specify Credit Card | d . | | |
| 6 | Frontier Communications | Last 4 digits of account number | none | | \$343.51 |
| | Nonpriority Creditor's Name POB 20550 Rochester, NY 14602 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| | Yes | Other. Specify Services | | | |
| | Jefferson Capital System, LLC Nonpriority Creditor's Name | Last 4 digits of account number | 0651 | | \$636.57 |
| | 16 McLeland Rd. Saint Cloud, MN 56393 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |

☐ Yes ☐ Other. Specify ☐ Collection Account

Debtor 2 only

debt

■ No

■ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

☐ Unliquidated

☐ Student loans

report as priority claims

☐ Disputed

Type of NONPRIORITY unsecured claim:

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

| Debtor Debtor | Peter Michael Russo Alicia Diane Russo | | Case number (if know) | 16-32516-rld13 | |
|------------------|---|--|-------------------------------|------------------|------------|
| 4.8 | Johnson Mark, LLC | Last 4 digits of account number | 7461 | | \$2,226.56 |
| | Nonpriority Creditor's Name Attorneys at Law POB 7811 | When was the debt incurred? | | | |
| | Sandy, UT 84091-7811 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| | ☐ Yes | Other. Specify Collection | Account | | |
| 4.9 | Kaiser Permanente | Last 4 digits of account number | 7817 | | \$475.68 |
| | Nonpriority Creditor's Name POB 34614 | When was the debt incurred? | | | |
| | Seattle, WA 98124 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| | □Yes | Other. Specify Medical De | bt | | |
| 4.1 | | | | | |
| 0 | Midland Funding, LLC | Last 4 digits of account number | 6041 | | \$3,342.00 |
| | Nonpriority Creditor's Name 8875 Aero Drive, Suite 200 San Diego, CA 92168 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |

Official Form 106 E/F

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Disputed

☐ Student loans

report as priority claims

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■ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

■ Other. Specify Collection Account

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

| Peter Michael Russo Alicia Diane Russo | Case number (if know) 16-32516-rld13 | 3 |
|---|---|--------------|
| Midland Funding, LLC | Last 4 digits of account number 4613 | \$2 , |
| Nonpriority Creditor's Name 8875 Aero Drive, Suite 200 San Diego, CA 92168 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Collection Account | |
| Northwest Community CU | Last 4 digits of account number 0288 | \$2,2 |
| Nonpriority Creditor's Name POB 70225 | When was the debt incurred? | |
| Springfield, OR 97475 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Credit Card | |
| Dhilling 9 Cohon Associates 144 | Last 4 digits of account number 3819 | Hel |
| Phillips & Cohen Associates, Ltd. Nonpriority Creditor's Name | Last 4 digits of account number | Unk |
| Mail Stop 149 | When was the debt incurred? | |

Wilmington, DE 19801-5148 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans $\hfill\square$ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

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☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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■ Other. Specify Collection Account

| Debtor 1 | Peter Michael Russo | | |
|----------|---------------------|-----------------------|----------------|
| Debtor 2 | Alicia Diane Russo | Case number (if know) | 16-32516-rld13 |
| | | | |

| 4.1 4 | Portfolio Recovery Associates | Last 4 digits of account number 5927 | \$199.00 |
|----------|---|---|------------|
| <u>·</u> | Nonpriority Creditor's Name 120 Corporate Blvd., Suite 100 | When was the debt incurred? | |
| | Norfolk, VA 23502 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 7.6 or the date you me, and other the original and dapping | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other Specify Collection Account | |
| 4.1 5 | Professional Credit Services | Last 4 digits of account number | \$726.01 |
| | Nonpriority Creditor's Name POB 7548 400 International Way | When was the debt incurred? | |
| | Springfield, OR 97477 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Collection Account | |
| 4.1 6 | Professional Credit Services | Last 4 digits of account number 4578 | \$1,085.02 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 400 International Way Springfield, OR 97477 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Collection Account | |

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Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1 | Peter Michael Russo | | |
|----------|---------------------|-----------------------|----------------|
| Debtor 2 | Alicia Diane Russo | Case number (if know) | 16-32516-rld13 |
| | | | |

| 4.1 7 | Providence Health & Services Nonpriority Creditor's Name | Last 4 digits of account number 648 | \$4,310.00 |
|----------|--|---|------------|
| | POB 3299 | When was the debt incurred? | |
| | Portland, OR 97208-3299 | As at the data way file the eleips in Ob. 1. 11.11 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Debt | |
| 4.1 8 | Providence Newberg | Last 4 digits of account number 0568 | \$357.00 |
| | Nonpriority Creditor's Name 1001 Providence Drive | When was the debt incurred? | |
| | Newberg, OR 97132 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , and the same year may and committee or room an intercapping | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Debt | |
| 4.1 9 | Target National Bank | Last 4 digits of account number 1891 | \$1,218.00 |
| | Nonpriority Creditor's Name 3701 Wayzata Blvd #MS6C | When was the debt incurred? | |
| | Minneapolis, MN 55416 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 11

| | Peter Michael Russo Alicia Diane Russo | Case number (if know) 16-32516-rld1: | 3 |
|-----|---|---|----------|
| 0 | The Receivable Management Services | Last 4 digits of account number 3853 | \$86.00 |
| | Nonpriority Creditor's Name 240 Emery St. Pathloham BA 18015 | When was the debt incurred? | |
| _ | Bethlehem, PA 18015 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection Account | |
| 4.2 | Transworld Systems | Last 4 digits of account number 7287 | \$646.00 |
| | Nonpriority Creditor's Name POB 17205 | When was the debt incurred? | |
| | Wilmington, DE 19850 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify Collection Account | |
| | | | |
| | TRG, LLC Nonpriority Creditor's Name | Last 4 digits of account number 5704 | \$134.00 |
| | fka The Radiology Group POB 25180 | When was the debt incurred? | |
| = | Portland, OR 97298-0180 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Debt | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 11

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Case number (if know)

16-32516-rld13

| have more than one creditor for any of the debts th notified for any debts in Parts 1 or 2, do not fill out | | dditional creditors here. If you do not have additional persons to be |
|--|--|--|
| Name and Address Accounts Receivable Management, Inc. | On which entry in Part 1 or Part 2 did y Line 4.19 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| POB 129 Thorofare, NJ 08086 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| moroiare, no occo | Last 4 digits of account number | |
| Name and Address Barclays Bank | On which entry in Part 1 or Part 2 did y Line 4.10 of (<i>Check one</i>): | rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| Card Services POB 8801 Wilmington, DE 19899-8801 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Carson Smithfield, LLC | On which entry in Part 1 or Part 2 did y Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| POB 9216 Old Bethpage, NY 11804 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Citi Cards | On which entry in Part 1 or Part 2 did y Line 4.1 of (<i>Check one</i>): | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| POB 78045 Phoenix, AZ 85062-8045 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Financial Assistance, Inc. | On which entry in Part 1 or Part 2 did y Line 4.12 of (<i>Check one</i>): | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| POB 7148 Bellevue, WA 98008 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | |
| Juniper Visa POB 13337 | Line 4.10 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Philadelphia, PA 19101-3337 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | |
| Name and Address Merrick Bank | On which entry in Part 1 or Part 2 did y Line 4.8 of (<i>Check one</i>): | ou list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims |
| POB 9201 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Old Bethpage, NY 11804-9001 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? |
| Professional Credit Services | Line 4.17 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| POB 7548 400 International Way | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Springfield, OR 97477 | | |
| | Last 4 digits of account number | |
| Name and Address Professional Credit Services | On which entry in Part 1 or Part 2 did y Line 4.18 of (<i>Check one</i>): | rou list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims |
| POB 7548 | Ellio III of Concor one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| 400 International Way Springfield, OR 97477 | | , , |
| opinigheid, or or arr | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | |
| Target National Bank 3701 Wayzata Blvd #MS6C | Line 4.11 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Minneapolis, MN 55416 | | |
| | Last 4 digits of account number | |
| Part 4: Add the Amounts for Each Type of U | Insecured Claim | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 11

Official Form 106 E/F

Case number (if know)

16-32516-rld13

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | • | Total Claim |
|-----------------------|-----|--|-----|----|-------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 31,660.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 31,660.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 6g. | \$ | 0.00 |
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 24,035.99 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 24,035.99 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1 | Peter Michael Ru | sso | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Alicia Diane Russ | 80 | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF OREGON | | |
| Case number | 16-32516-rld13 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|---|-----------------------------|---|
| 2.1 | | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | - · · · · | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | <u> </u> | | <u> </u> | 2 0000 | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | Jity | | Oldio | Zii Oodo | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Fill in this | information to identify your | case: | | | |
|--------------------------------|--|-----------------------------|--------------------------|---|----|
| Debtor 1 | Peter Michael Ru | ISSO | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | Alicia Diane Rus | Middle Name | Last Name | | |
| , | 3, | DISTRICT OF OREGO | | | |
| United Stat | tes Bankruptcy Court for the: | DISTRICT OF OREGO | JIN . | | |
| Case numb | per 16-32516-rld13 | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| | | | | | |
| | l Form 106H | | | | |
| <u>Sched</u> | ule H: Your Cod | ebtors | | 12/15 | |
| your name | and case number (if known you have any codebtors? (If |). Answer every question | n. | o this page. On the top of any Additional Pages, write as a codebtor. | |
| | | | | | |
| ■ No □ Yes | | | | | |
| | | | | | |
| | h in the last 8 years, have yo a, California, Idaho, Louisiana | | | /? (Community property states and territories include ngton, and Wisconsin.) | |
| = | 0 1 1 0 | | | | |
| | Go to line 3. Did your spouse, former spo | use, or legal equivalent li | ve with you at the time? | | |
| | ,p , | , g - | | | |
| in line Form | 2 again as a codebtor only | if that person is a guara | ntor or cosigner. Make s | if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Offici 6G). Use Schedule D, Schedule E/F, or Schedule G to | al |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | |
| | | | | <u>_</u> | |
| 3.1 | Name | | | _ □ Schedule D, line □ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | _ |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| (| City | State | ZIP Code | | |

Schedule H: Your Codebtors

| Fill | in this information to identify your ca | ase: | | | | | | | |
|----------|--|------------------------------|-----------------------------------|-----------|------------|----------------------|----------------|--|----|
| | otor 1 Peter Micha | | | | | | | | |
| | otor 2 Alicia Diane ouse, if filing) | Russo | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : DISTRICT OF OREG | ON | | | | | | |
| Cas | se number 16-32516-rld13 | | | | | Check if this | s: | | |
| (If kr | nown) | | | | | ☐ An amen | ded filing | | |
| _ | | | | | | | | ng postpetition chapter ollowing date: | |
| <u>O</u> | fficial Form 106I | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | 12/ | 15 |
| atta | use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment Fill in your employment | | | | | case number (| f known). A | Answer every questic | |
| •• | information. | | Debtor 1 | | | Debto | 2 or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with | ■ Employed Employment status | | | ☐ Employed | | | | |
| | information about additional | | ☐ Not employed | | | ■ Not | ■ Not employed | | |
| | employers. | Occupation | Project Surveyo | r | | Home | maker | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | McKay Consulti | ng, LL | С | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 17836 NW Deerf Portland, OR 97 | | ·. | | | | |
| | | How long employed t | nere? 10 Mon | ths | | | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any l | ine, write \$0 in th | ie space. In | clude your non-filing | |
| - | ou or your non-filing spouse have mo e space, attach a separate sheet to | | embine the information | n for all | emplo | yers for that per | son on the I | ines below. If you need | b |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 6,917.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

6,917.00

\$

0.00

Case number (if known)

16-32516-rld13

| | | | | For | Debtor 1 | | ebtor 2 or iling spouse | |
|-----|-----------------|---|--------|-----|----------------|------|----------------------------|----------|
| | Сору | line 4 here | 4. | \$ | 6,917.00 | \$ | 0.00 | |
| 5. | List a | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,484.00 | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,484.00 | \$ | 0.00 | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 5,433.00 | \$ | 0.00 | |
| 8. | List a | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | | • | 10. \$ | 5 | 5,433.00 + \$_ | | 0.00 = \$ | 5,433.00 |
| | Add t | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | |
| 11. | Includ other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify: | depend | | - | | hedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 5,433.00 |
| 13. | Do y∈ | ou expect an increase or decrease within the year after you file this form No. | ? | | | | Combine monthly | |
| | | Yes. Explain: | | | | | | |

| Fill | in this informa | tion to identify yo | our case: | | | | | |
|------------|-----------------------------|--|------------------------|---|---|----------------------------|--|--|
| Deb | otor 1 | Peter Michae | el Russo | | | Che | ck if this is: An amended filing | |
| | otor 2 ouse, if filing) | Alicia Diane | Russo | | | | ŭ | ving postpetition chapter the following date: |
| | | | | | | | | |
| Unit | ed States Bankr | ruptcy Court for the | : DISTRI | CT OF OREGON | | | MM / DD / YYYY | |
| | nown) | 6-32516-rld13 | | | | | | |
| Of | fficial Fo | rm 106J | | | · | | | |
| S | chedule | J: Your I | Exper | ises | | | | 12/15 |
| Be info | as complete a | and accurate as | possible eded, atta | . If two married people ar ich another sheet to this | | | | |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a join ☐ No. Go to | | | | | | | |
| | | s Debtor 2 live i | n a conor | oto household? | | | | |
| | | | iii a sepai | ate nousenoid? | | | | |
| | ■ N | _ | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate Housel | hold of Deb | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list Do Debtor 2. | - | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state | tho | | | | | | □ No |
| | dependents | | | | Son | | 11 | Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | 13 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | 16 | Yes |
| | | | | | Son | | 18 | □ No |
| 3. | Do your eyr | enses include | _ | | | | | ■ Yes |
| J. | expenses of | f people other the d your depender | ^{han} ┌┐ | No Yes | | | | |
| Est exp | imate your ex | ate Your Ongoing the Your Ongoing the Section of th | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | ou are using this fo elemental <i>Schedule</i> | orm as a su J, check th | upplement in a Cha ne box at the top of | pter 13 case to report f the form and fill in the |
| the | | n assistance and | | government assistance i cluded it on <i>Schedule I:</i> \ | | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | 4. \$ | 6 | 1,286.00 |
| | | led in line 4: | J : 5 | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4a. 3 | · | 0.00 |
| | | • | | ıpkeep expenses | | 4c. § | | 125.00 |
| _ | | owner's associat | | | , . | 4d. \$ | | 4.00 |
| 5. | Additional n | nortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | 5 | 276.00 |

| Debtor 1 Debtor 2 | | Peter Michael Russo Alicia Diane Russo | | | Case num | ber (if known) | 16-32516-rld13 | |
|----------------------|-------------|---|------------------------------------|--|---|----------------|-------------------------------|--|
| 6. | Utilit | ies: | | | | | | |
| | 6a. | Electricity, | heat, natural gas | | 6a. | \$ | 200.00 | |
| | 6b. | Water, sev | ver, garbage collection | | 6b. | \$ | 150.00 | |
| | 6c. | | e, cell phone, Internet, satellite | e, and cable services | 6c. | \$ | 425.00 | |
| | 6d. | Other. Spe | | • | 6d. | \$ | 0.00 | |
| 7. | Food | | ekeeping supplies | | 7. | \$ | 1,100.00 | |
| 8. | | | hildren's education costs | | 8. | \$ | 175.00 | |
| 9. | | | ry, and dry cleaning | | 9. | \$ | 195.00 | |
| | | - | roducts and services | | 10. | \$ | 150.00 | |
| | | | ntal expenses | | 11. | \$ | 75.00 | |
| | | | Include gas, maintenance, bu | is or train fare | • | <u> </u> | 70.00 | |
| 12. | | • | ar payments. | as of train fare. | 12. | \$ | 345.00 | |
| 13. | | | clubs, recreation, newspape | ers, magazines, and books | 13. | \$ | 135.00 | |
| | | | ributions and religious don | · · · · · · · · · · · · · · · · · · · | 14. | \$ | 0.00 | |
| 15. | Insu | rance. | • | | | | | |
| | Do n | ot include in | surance deducted from your | pay or included in lines 4 or 20. | | | | |
| | 15a. | Life insura | nce | · · | 15a. | \$ | 0.00 | |
| | 15b. | Health ins | urance | | 15b. | \$ | 0.00 | |
| | 15c. | Vehicle in: | surance | | 15c. | \$ | 320.00 | |
| | 15d. | Other insu | rance. Specify: | | 15d. | \$ | 0.00 | |
| 16. | Taxe | s. Do not in | clude taxes deducted from yo | our pay or included in lines 4 or 20. | | | | |
| | Spec | | | | 16. | \$ | 0.00 | |
| 17. | | | ease payments: | | 170 | ¢. | 0.00 | |
| | | . , | ents for Vehicle 1 | | 17a. | | 0.00 | |
| | | | ents for Vehicle 2 | | 17b. | \$ | 0.00 | |
| | | Other. Spe | | | 17c. | \$ | 0.00 | |
| | | Other. Spe | | | 17d. | \$ | 0.00 | |
| 18. | | | | nd support that you did not repo e <i>I, Your Income</i> (Official Form 1 | | \$ | 0.00 | |
| 19. | | | | rs who do not live with you. | 001). | \$ | 0.00 | |
| | Spec | | , | , | 19. | · | | |
| 20. | Othe | r real prop | erty expenses not included | in lines 4 or 5 of this form or on | Schedule I: Yo | our Income. | | |
| | 20a. | Mortgages | on other property | | 20a. | \$ | 0.00 | |
| | 20b. | Real estat | e taxes | | 20b. | \$ | 0.00 | |
| | 20c. | Property, I | nomeowner's, or renter's insu | rance | 20c. | \$ | 0.00 | |
| | 20d. | Maintenar | ce, repair, and upkeep expen | ises | 20d. | \$ | 0.00 | |
| | 20e. | Homeown | er's association or condomini | um dues | 20e. | \$ | 0.00 | |
| 21. | Othe | r: Specify: | Pet/Veterinary | | 21. | +\$ | 72.00 | |
| | | | | | | | | |
| 22. | | • | monthly expenses | | | | 5 000 00 | |
| | | Add lines 4 | • | 0\ 'f f 0ff-i-l F 100 | 0.1.0 | \$ | 5,033.00 | |
| | | | | or 2), if any, from Official Form 106 | 6J-2 | \$ | | |
| | 22c. | Add line 22 | a and 22b. The result is your | monthly expenses. | | \$ | 5,033.00 | |
| 23. | Calc | ulate your | monthly net income. | | | | | |
| | 23a. | Copy line | 12 (your combined monthly in | come) from Schedule I. | 23a. | \$ | 5,433.00 | |
| | 23b. | Copy your | monthly expenses from line 2 | 22c above. | 23b. | -\$ | 5,033.00 | |
| | | | | | | | | |
| | 23c. | | our monthly expenses from your | our monthly income. | 23c. | \$ | 400.00 | |
| | | rne result | is your monthly net income. | | 200. | * | | |
| 24. | For exmodif | xample, do yo | | your expenses within the year af car loan within the year or do you expe | | | ease or decrease because of a | |
| | ■ N | | | | | | | |
| | ☐ Ye | es. | Explain here: | | | | | |

| Fill in this information to identify your case: | | | | | | |
|---|-------------------|--------------------|-----------|--------------------------------------|--|--|
| Debtor 1 | Peter Michael Rus | SSO | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Alicia Diane Russ | SO | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | DISTRICT OF OREGON | | | | |
| Case number | 16-32516-rld13 | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you pay or agree to pay someone who is | NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | |
| hat they are true and correct. | read the summary and schedules filed with this declaration and |
| hat they are true and correct. X /s/ Peter Michael Russo | X /s/ Alicia Diane Russo |
| hat they are true and correct. | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in th | sis infor | mation to identify you | | | | |
|-------------------------|---------------------------------|---|--|---|--|---|
| Debtor 1 | | Peter Michael Ru | | | | |
| Debioi | _ | First Name | Middle Name | Last Name | | |
| Debtor 2 | | Alicia Diane Rus | | Loot Name | | |
| (Spouse if, | | First Name | Middle Name | Last Name | | |
| United S | States Ba | ankruptcy Court for the: | DISTRICT OF OREGON | | | |
| Case nu (if known) | ımber | 16-32516-rld13 | | | - | heck if this is an mended filing |
| State Be as co | ment mplete | and accurate as possi | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for supp additional pages, write you | |
| Part 1: | Give | Details About Your Ma | rital Status and Where You | Lived Before | | |
| 1. Wha | at is you | ır current marital statu | s? | | | |
| | Married Not ma | - | | | | |
| 2. Dur | ing the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| | | | ived in the last 3 years. Do no | · | | |
| De | btor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | nd territor No | ries include Arizona, Ca | | vada, New Mexico, Puerto Ri | ity property state or territory co, Texas, Washington and W | |
| Part 2 | Expla | in the Sources of You | r Income | | | |
| 4. Did Fill i | you have in the tot ou are fili | ve any income from en al amount of income yo | | all businesses, including part- | | ndar years? |
| | | | Debter 4 | | Dobtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$48,416.69 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 16-32516-rld13

| | | Debtor 1 | | Debtor 2 | |
|--|---|--|--|---|---|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | |
| For last calendar ye (January 1 to Decen | | ■ Wages, commissions, bonuses, tips | \$17,616.62 | ☐ Wages, comm bonuses, tips | nissions, \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a b | usiness |
| | | ☐ Wages, commissions, bonuses, tips | \$58,982.00 | ☐ Wages, comm bonuses, tips | nissions, \$0.00 |
| | | Operating a business | | ☐ Operating a b | usiness |
| For the calendar yea (January 1 to Decen | | ☐ Wages, commissions, bonuses, tips | \$83,166.00 | ☐ Wages, comm bonuses, tips | nissions, \$0.00 |
| | | Operating a business | | ☐ Operating a b | usiness |
| and other public l winnings. If you a | penefit payments; re filing a joint car and the gross inco | | est; dividends; money collect you received together, list it o | ted from lawsuits; re nly once under Deb | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | Gross income (before deductions and exclusions) |
| Part 3: List Certain | n Payments You | ı Made Before You Filed for I | Bankruptcy | | |
| □ No. Neith individed in the property of th | er Debtor 1 nor I dual primarily for a g the 90 days befo lo. Go to line 7 es List below paid that co not include | a personal, family, or househol ore you filed for bankruptcy, di 7. each creditor to whom you pai | Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more into for domestic support oblighis bankruptcy case. | of \$6,425* or more n one or more payn ations, such as chil | nents and the total amount you d support and alimony. Also, do |
| | | or both have primarily consu | | of \$600 or more? | |
| | es List below | each creditor to whom you pai | | | ou paid that creditor. Do not lso, do not include payments to an |
| | attorney fo | r this bankruptcy case. | | · | |
| Creditor's Nam | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| De | btor 2 | Alicia Diane Russo | | Cas | e number (if known) | 16-32516- | rld13 |
|-----|----------------------|---|--|---|--|--------------------------------|--|
| 7. | <i>Inside</i> of whi | n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 17 ny. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partners of their voting | erships of which you g securities; and an | u are a genera y managing a | al partner; corporations agent, including one fo |
| | _ | No Yes. List all payments to an insider. | | | | | |
| | Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 3. | inside | n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cosi | | ments or transfer a | any property on ac | count of a d | ebt that benefited an |
| | | No Yes. List all payments to an insider | | | | | |
| | | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Pa | rt 4: | Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | List al modifi | n 1 year before you filed for bankrupto Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of th | ne case |
| 10. | Check | n 1 year before you filed for bankrupto k all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnisl | hed, attached | d, seized, or levied? |
| | Cred | litor Name and Address | Describe the Property | | Date | | Value of the property |
| | | | Explain what happened | | | | |
| 11. | accou | n 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details. | | uding a bank or fir | nancial institution, | , set off any a | amounts from your |
| | Cred | litor Name and Address | Describe the action the | creditor took | Date a | action was | Amount |
| 12. | | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a | | rty in the possess | ion of an assignee | e for the bend | efit of creditors, a |
| | _ | No Yes | | | | | |
| Pa | rt 5: | List Certain Gifts and Contributions | | | | | |
| 13. | = N | n 2 years before you filed for bankrup | tcy, did you give any gifts | with a total value | of more than \$600 |) per person | ? |
| | | Yes. Fill in the details for each gift. s with a total value of more than \$600 | Describe the gifts | | Dates | you gave | Value |
| | per p | person | Ů n | | the gi | | |
| | Addr | | | | | | |

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Official Form 107

Debtor 1 Peter Michael Russo

Best Case Bankruptcy

page 3

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 1 Peter Michael Russo otor 2 Alicia Diane Russo | | Case number | (if known) 16-32516-I | rld13 |
|-----|---|---|--|--|-------------------------|
| 14. | Within 2 years before you filed for band ■ No □ Yes. Fill in the details for each gift or | | s or contributions with a tota | al value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co. | ŕ | u contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for banks or gambling? | ruptcy or since you filed for b | pankruptcy, did you lose any | thing because of thef | t, fire, other disaster |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance con Include the amount that insurance claims on line 33 | urance has paid. List pending | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfe | ers | , , | | |
| 16. | Within 1 year before you filed for banks consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details. | r preparing a bankruptcy pet | ition? | | rty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | transferred | alue of any property | Date payment or transfer was made | Amount of payment |
| 17. | Within 1 year before you filed for banks promised to help you deal with your cr Do not include any payment or transfer th | editors or to make payments | | or transfer any prope | rty to anyone who |
| | □ No■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | Description and v transferred | alue of any property | Date payment or transfer was made | Amount of payment |
| | Troutman Law Firm, PC 5075 SW Griffith Drive, Suite 220 Beaverton, OR 97005 | | | 06/28/16 | \$190.00 |
| | DebtorCC.Org | | | 14.95 | \$0.00 |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second in the course of your include year. No yes. Fill in the details. | our business or financial affa ers made as security (such as t | nirs? he granting of a security interes | | |
| | Person Who Received Transfer Address | Description and v property transferr | red payments | any property or s received or debts | Date transfer was made |
| | Person's relationship to you | | paid in ex | cnange | |
| | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | of which you are a | |
|-------|--|--|-------------------------|--------------|---|---|
| | Name of trust | Description and va | alue of the pro | perty trans | ferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instru | ıments, Safe Deposit | Boxes, and S | torage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or or houses, pension funds, cooperatives, associated. No | ther financial accoun | ts; certificates | s of deposit | | |
| | Yes. Fill in the details. | | | | | |
| | | ast 4 digits of ecount number | Type of acco instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | r before you filed for | bankruptcy, a | ny safe dep | oosit box or other depos | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p No | lace other than your | home within 1 | year befor | e you filed for bankrupt | cy? |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | |
| 23. | Do you hold or control any property that someofor someone. | one else owns? Inclu | de any prope | ty you borr | rowed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prope (Number, Street, City, St Code) | | Describe | the property | Value |
| Par | t 10: Give Details About Environmental Inform | nation | | | | |
| For t | the purpose of Part 10, the following definitions | apply: | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface | water, ground | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | nvironmental | law, wheth | er you now own, operate | e, or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s a hazardous | s waste, haz | zardous substance, toxi | c substance, |
| Rep | ort all notices, releases, and proceedings that ye | ou know about, rega | rdless of whe | n they occu | ırred. | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a supplication of the potential unit notified you have a suppli | | | | ntal law? | | | | |
|--|---|---|--|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or adn | ninistrative proceeding under any env | ironmental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or | Connections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankrupt | cy, did you own a business or have ar | ny of the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity | , either full-time or part-time | | | | | |
| | ■ A member of a limited liability comp | any (LLC) or limited liability partnersh | nip (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to F | Part 12. | | | | | | |
| | Yes. Check all that apply above and fill | in the details below for each business | S. | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security n | umber or ITIN. | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name of accountant of bookkeeper | Dates business existed | | | | | |
| | Frontier Land Surveying, LLC 2207B Portland Road | Surveying | EIN: 26-0152094 | | | | | |
| | Newberg, OR 97132 | Newberg Tax Service, PC | From-To 06/2007 - 10/2015 | | | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement | to anyone about your business? Inclu | de all financial | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Peter Wilchael Russo | | | |
|--|--|---------------------------|---------------------|
| Debtor 2 Alicia Diane Russo | | Case number (if known) | 16-32516-rld13 |
| | | | |
| Part 12: Sign Below | | | |
| are true and correct. I understand that ma | t of Financial Affairs and any attachments, king a false statement, concealing property up to \$250,000, or imprisonment for up to | ,, or obtaining money or | |
| /s/ Peter Michael Russo | /s/ Alicia Diane Russo | | |
| Peter Michael Russo | Alicia Diane Russo | | |
| Signature of Debtor 1 | Signature of Debtor 2 | | |
| Date _ July 12, 2016 | Date July 12, 2016 | | |
| Did you attach additional pages to <i>Your S</i> | tatement of Financial Affairs for Individuals | s Filing for Bankruptcy (| Official Form 107)? |
| ■ No | | , , , | , |
| □ Yes | | | |
| Li res | | | |
| | | | |

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

■ No

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7 : | Liquidation |
|---------|------------|--------------------|
| \$ | 245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| \$ | 335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)